

4th CAVALRY BRIGADE, FIRST ARMY DIVISION EAST, FORT KNOX, KENTUCKY
Operation Warrior Trainer

PERSONAL INFORMATION:

Rank _____ Name _____ SSN _____

DOB: _____ AGE _____ Height _____ Weight _____ ETS Date _____

Enlisted Date _____ MRD (Officer) _____ PEBD _____

Home Address _____

Number of Dependents and location _____

Contact Info: Home Phone _____ Cell Phone _____

Email (Military and Civilian) _____

Civilian Education _____ Military Education _____

Are you scheduled to attend a military school in the next 365 days? **Y** **N**

Are you eligible to attend a NCOES/OES School, and if so, what school? **Y** **N**

Profiles (Perm/Temp) _____

Did you receive a significant injury while deployed? **Y** **N**

Are you scheduled to receive surgery or rehabilitating medical care in the next 365 days, which would prevent you from training for more than 3 days?

Security Clearance: Secret Top Secret No Clearance Other _____

Have you been the subject of a criminal investigation (Civil or Military) within the last 36 months? **Y** **N**

Have you received any UCMJ Action or Negative counseling that was duty related within the last 36 months? **Y** **N**

Unit Information:

Unit name and Address/UIC: _____

Unit Deployed With _____ Date of Deployment _____

PMOS/SMOS (Enlisted) _____ AOC/FA (Officer) _____

Duty Position during Deployment _____

Describe what you did during this deployment, including contact with Iraqi (or Afghan) civilians or military or police or government officials, your day-to-day duties, whether you came under direct or indirect fire (including IEDs), and any other information you feel is relevant to your application for Operation Warrior Trainer:

List all awards, citations or commendations you received from this deployment:

Special skills and experience _____

To the Commander/OIC and 1SG/NCOIC: Your comments and recommendations are critical to the processing of this application. The Warrior Trainer Program was established to bring current TTPs and lessons learned from the battle field to the people that need it the most, The Deploying Soldier. Your recommendation of this Soldier to join the OWT Program is an indication that you would want this Soldier training deploying troops.

Thank you for your time and I look forward to reading your recommendations and comments.

Commander/OIC recommendation and comments:

Commander/OIC Signature: _____

Contact number and email: _____

1SG/NCOIC recommendations and comments:

1SG/NCOIC Signature:_____

Contact number and email:_____

Warrior Trainer Recruiter Comments:
